Department of State Health Services

Purchase Order

Dispatch via Print

512/406-2548

Extended Amt Due Date

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000294	1081
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/22	Revision	Page 1
			Ship To:	4546 - Austin:1100 W 49th St (DBGL DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States	
Vendor:	1582180042 0 MEDIALAB INC 1745 N BROWN RD STE 300 LAWRENCEVILLE GA 300438157 United States	,	Bill To:	Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEALTH SERVIC 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States	ES
			Fax: Email:	512/458-7442 invoices@dshs.texas.gov	

Quantity

Class/Item

Purchaser:

UOM

FY23 Funding

Line-Sch

DP/K Direct Publication Not available from any other source

Inventory Item ID - Line Description

Requisition 0000188954 Pricing per Quotes 223796

PO Service Dates 09/01/2022 to 08/31/2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor Contact Information: MediaLab Inc (877) 776-8460 sales@medialab.com

Agency Contact: Tami Kenroy (512) 776-3293 Tami.Kenroy@dshs.state.tx.us

PCS Purchaser Contact: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

1-1 956-35 1.00 YR 5299.00000 \$5,299.00 09/01/2022

Compliance & CE: 1650 Users

Standard Support

 Schedule Total
 \$5,299.00

 Item Total for Line 1
 \$5,299.00

Prince, Sheana Denea

PO Price

Department of State Health Services

Purchase Order

Dispatch via Print

rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-	0000294081
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		Fax: Email:	512/458-7442 invoices@dshs.texas.gov	
		Purchaser:	Prince,Sheana Denea	512/406-2548
	Prepaid & Allow by informal bid, Invitation for Offer, or Rec s, terms, and conditions set forth in the adve esponses become a part of this numbered pr oods or services delivered meet or exceed no est, shipping papers, invoices, and corresp rechase Order Number. 1582180042 0 MEDIALAB INC 1745 N BROWN RD STE 300 LAWRENCEVILLE GA 300438157	Prepaid & Allow BEST WAY by informal bid, Invitation for Offer, or Request for Proposal; all s, terms, and conditions set forth in the advertisement and vendor's esponses become a part of this numbered purchase order. Contractor roods or services delivered meet or exceed numbered purchase order sts, shipping papers, invoices, and correspondence must be identified rchase Order Number. 1582180042 0 MEDIALAB INC 1745 N BROWN RD STE 300 LAWRENCEVILLE GA 300438157	Prepaid & Allow BEST WAY by informal bid, Invitation for Offer, or Request for Proposal; all s, terms, and conditions set forth in the advertisement and vendor's esponses become a part of this numbered purchase order. Contractor poods or services delivered meet or exceed numbered purchase order Is, shipping papers, invoices, and correspondence must be identified rechase Order Number. Bill To: Bill To: Fax: Email:	Prepaid & Allow BEST WAY by informal bid, Invitation for Offer, or Request for Proposal; all s, terms, and conditions set forth in the advertisement and vendor's seponses become a part of this numbered purchase order. Contractor bods or services delivered meet or exceed numbered purchase order is, shipping papers, invoices, and correspondence must be identified chase Order Number. Ship To: Ship To: Ship To: 4546 - Austin:1100 W 49th St (DB DEPARTMENT OF STATE HEAI 1100 W 49th St (DBGL) PO Box 149347 Austin TX 78756 United States Bill To: Invoice-DSHS Fiscal Claims DEPARTMENT OF STATE HEAI 1100 W 49th St (RBB) PO Box 149347 Austin TX 78756 United States Fax: 512/458-7442 Email: invoices@dshs.texas.gov

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By Shecena Rince

07/12/2022